## **Political Organization** Noti

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| Pullical digalization     |                  |
|---------------------------|------------------|
| ice of Section 527 Status | OMB No. 1545-169 |

| ernal Revenue Service                        |   |   |                                      |   |
|--|---|---|--------------------------------------|---|
| Part I General Information                   | on                                      |   |                                      |   |
| Name of organization                         |   | 1                                       |                                      | Employer identification number          |
| Walter North                                 | TON JCHA                                | TE                                      |                                      | 38: 319-5361                            |
| Mailing address (P.O. Box or no D. O. Box 24 | <b>ひ</b>                                | n or suite i                            | number)                              |   |
| City or town, state, and ZIP co              | de MAT                                  | 670                                     | ,                                    |   |
| St. Ignace                                   | 1011 9                                  | <b>\$78</b> .                           | <u>/</u>                             |   |
| E-mail address of organization               |   |   |                                      | 4                                       |
| a Name of custodian of records               | 11 - 000                                | 4b Cus                                  | todian's address                     |   |
| Barbara B. Will                              | nobce, CPM                              |   | 880 S. State St.                     | · <del></del>                           |
|  |   | S                                       | F. Ignace, MI 49                     | 781                                     |
| a Name of contact person                     | ,                                       | ·                                       | tact person's address                |   |
| SAME   |   |   | ••••••                               |   |
| <b>,,</b> 2                                  |   |   |                                      |   |
| Business address of organization             | on (if different from mai               | ling addres                             | ss shown above). Number, street, and | room or suite number *                  |
| City or town, state, and ZIP cod             | de                                      |   |                                      |   |
| art II Purpose                               |   |   |                                      |   |
|  | anization 0                             |   |                                      |   |
| michigan S                                   | enate Co                                | und,                                    | date Committee                       |   |
|  | <del></del>                             | • |                                      |   |
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| art III List of All Related                  | Entities (see inst                      | ructions)                               |                                      |   |
| a Name of related entity                     | 8b Relationsh                           |   | 8c Address                           |   |
|  |   | ···P                                    | - 100.033                            |   |
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| 9a Name                 |   | 9b Title   | Compensated Employees (see instructions)  9c Address  |   |
|-------------------------|---|--|---|---|
|                         | R ( ) Halane CRA  |  | 900 5 54.2.54   |   |
| arbava B. Willobee, CPA | 100250724   | 880 S. Stete St.   |   |   |
|                         |   |  | St. I snace, WI 49781   |   |
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|                         | Under penalties of perjury, I decla<br>Revenue Code, and that I have ex | ire that the organization nam<br>amined this notice, including | ed in Part I is to be treated as an organization described in section 527 accompanying schedules and statements, and to the best of my knowle | of the Interredge and beli              |
|                         | it is true, correct, and complete.                                      |  |   |   |
| _                       | \ 6/-k  | H NA   | 7/24/00   | ı                                       |
| Sign<br>Here            | Signature of authorized off   | cial   | Date  |   |
|                         |   |  |   |   |